

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 11814362

Date In: 5/11/18-28:20	Job description	Date & Time Completed	Done by
Ref No: NA / C7218020269/24	SAS e-filing		
Veh No: SUR23710	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 2/11/18-18:20	i-Motor Claim Form		
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: JLC73627 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

NA1807251

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
1st Bill	Add Bill		
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100); INC (\$80)			
3) TF : Towing Fee \$40/\$45			
4) FT : Follow-Through Survey \$120			
5) FT : Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection \$75			
7) N1 : Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
QD*			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11) : TP (Non INC) against INC	\$20		
9) N12: Idac Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Int 1:

Int 2 / 3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/11/2018 18:20
Date Of Accident	03/11/2018 18:20
Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2371D
Insured/Policyholder	
Name Of Registered Owner	KO TECK CHUAN
NRIC No	S8314843H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91521655
Alternative Phone No	OFFICE-91521655

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS CT200H AUTO PREMIUM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3070531801
Cover Note Number	

Driver

Name of Driver	KO TECK CHUAN (GAO DECHUAN)
NRIC No	S8314843H
Date Of Birth	24/05/1983
Occupation	INDOOR
Date Of Driving Pass	10/04/2002
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91521655
Fax Number	
Contact Number	OFFICE-91521655
EMail Address	NOEMAIL

Address	BLK 620 BUKIT BATOK CENTRAL #18-520
Postcode	650620
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : KANG JUN GENDER: : FEMALE
Passenger 2	NAME: : LIN SI HAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7062T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLX4199R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

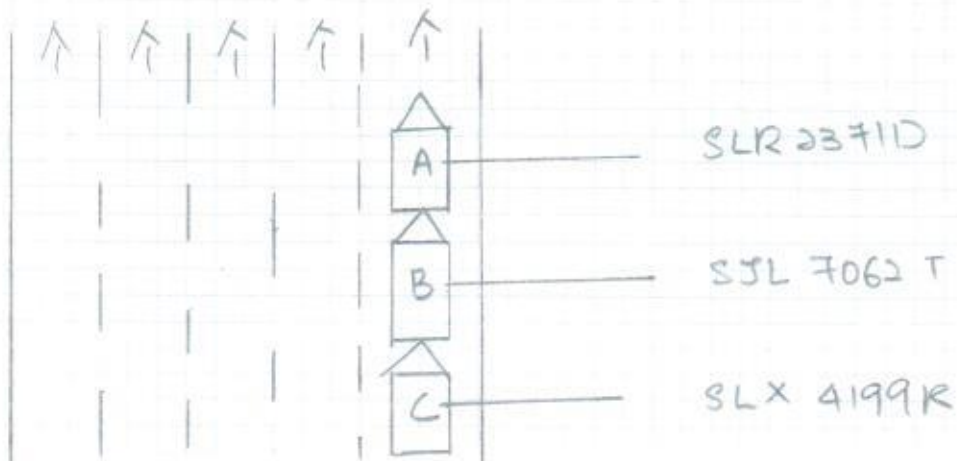
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TWDS Changi Airport
Before Route Rd

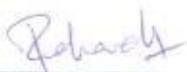
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 3-11-2018 at about 6.20pm, I was travelling along PIE TWDS Changi Airport Before Route Rd. I was slow down & stop my vehicle due to front of my way happened an accident case. Suddenly I heard a sound Bang from behind. I move out from vehicle and I released hit vehicle B into my rear. And I was involve in 3 cars chain collision.

Vehicle A - SLR 2371D
Vehicle B - SJL 7062 T
Vehicle C - SLX 4199 R

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 3/11/2018 Accident Time: 6:30pm (24-HR-Format)
 Accident Place : PIE INDS Changi Airport before Renie Rd
 Vehicle. No. (Car Plate No.) : SLR 2371D Make/Model: Lexus
 Insurance Company : Chuan Policy No: _____
 Owner or Company Name /IC No. : KO Teck chuan / 8831484314
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : As Above
 DRIVER'S Date Of Birth : 24/05/1983 DRIVER'S License Pass Date 10/4/2002
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: own
 DRIVER'S Address : BLK 620 Bkt Batak Central # 18-520 S-650620
 DRIVER'S Contact No / Alt No. : 1) 91521655 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 03 2 female,
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLR 7062T Cmsic7</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender: ***

- ① KANG JUN - Female
- ② LIN SI HAH - Female

Richard

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8314843H**
 Name: **KO TECK CHUAN**
 (GAO DECHUAN)
 Date of Birth: **24 May 1963**
 Issue Date: **20 Mar 2003**

1000304459A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8314843H



Name: **KO TECK CHUAN**
 (GAO DECHUAN)
 高德川
 Race: **CHINESE**
 Date of birth: **24-05-1963**
 Country/Place of birth: **SINGAPORE**

5182498

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 1 Motor cars <= 2500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg
 Class 2 Heavy motor cars and motor tractors > 2500 kg

PASS DATE
 18 Apr 2003
 12 Apr 2006

S/No. 9000045829

NP 428A

Licence No. S8314843H

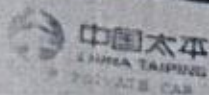
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IDENTITY NO. S8314843H



Date of issue: **14-06-2013**
 Address: **APT BLK 620 BUKIT BATOK CENTRAL**
#18-520
SINGAPORE 650620



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MODEL NO.
AB0214A
COV. TYPE: C
AUTOSAFE

CERTIFICATE No.

1. Index Mark and Registration Number of Vehicle

DMPCSN3070531801

Engine No: 1215R428119
Chassis No: JTHM000R302105549

2. Name of Policy Holder

SLR2371D

KO TECK CHUAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

28 SEPTEMBER 2018

4. Date of Expiry of Insurance

27 SEPTEMBER 2019

5. Persons or Classes of Persons entitled to drive *

NAMED DRIVERS EX SECT. 1 \$2750.00
ADDITIONAL EX OTHER THAN NAMED DRIVERS:
EX SECT. 1 - AGE <= 25 \$23,000.00
EX SECT. 1 - AGE >= 26 \$500.00
* AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREEN \$5100.00

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING RACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) WILL BE DOUBLED.
ONE TIME WAIVER OF EXCESS FOR THE FIRST \$51,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Signed By

Authorised Officer

Authorised Signatory